

WEST VIRGINIA INSURANCE COMMISSIONER

Application for Adjuster's License Instructions

A. GENERAL--All Applicants

1. An individual may be licensed both as a Company Adjuster and a Public Adjuster, however separate applications for each type must be completed and submitted to this office.
2. Your home address AND business address are required for our records (a mailing address may be noted).
3. Address changes must be reported to Agent Licensing within thirty (30) days.
4. Attach documentation, as required, if response is "YES" to any of Questions 11, 12, and/or 13. See NOTE on front of application)
5. Sign the application before a Notary who must notarize your signature. Notaries located in a state other than West Virginia MUST affix seal.
6. INCOMPLETE AND/OR INCORRECT APPLICATIONS WILL BE RETURNED TO THE APPLICANT FOR COMPLETION/CORRECTION.
7. Once the application is processed in our office, a license card will be mailed to the licensee at his/her business address on file with this office.
8. **RENEWAL OF LICENSE**
All licenses expire annually on May 31st. Renewal applications and instructions will be mailed to licensed adjusters at their business address on file with this office prior to the expiration date.

B. WEST VIRGINIA RESIDENT APPLICANTS

Legal resident of West Virginia MUST apply as a Resident adjuster.

The following must be submitted with the completed application:

- a. **Original PROMISSOR (fka ASI) Score Report**
- b. **Clearance Letter** (if applicable)
Applicants who have held any insurance license in any other state(s) must obtain letter of clearance from the state(s) and submit same with this application.
- c. **License Fee:** \$25.00 Check made payable to: **WEST VIRGINIA INSURANCE COMMISSIONER**

C. NON-RESIDENT APPLICANTS

Legal resident of a state other than West Virginia MUST apply as a Non-Resident adjuster.

The following must be submitted with the completed application:

- a. **Letter of Certification** from home state insurance department
OR
- b. **ORIGINAL PROMISSOR (fka ASI) Score Report**
Non-resident applicants who are not licensed as adjuster's in their state of residence MUST pass the West Virginia Adjuster's examination.
- c. **License Fee: \$25.00.** Check made payable to: **WEST VIRGINIA INSURANCE COMMISSIONER**

Send completed application, license fee and attachments to:

WVIC — Agent Licensing & Education

PO Box 50541

Charleston WV 25305-0541

STATE OF WEST VIRGINIA INSURANCE COMMISSIONER

APPLICATION FOR ADJUSTER'S LICENSE

For Dept. Use Only

License # _____

Eff. Date _____

Ck # _____ Date _____

License Fee: \$25.00

CAREFULLY READ THE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING FORM.

A. Check One: ☐ RESIDENT or ☐ NON-RESIDENT B. Check One: ☐ Company or ☐ Public

Are you now licensed as an adjuster in this or any other State? ☐ YES ☐ NO

If YES, show type of license, number, state and years held: _____

If an Adjuster's license is granted, you will be empowered only to conduct this insurance activity and will fall under the jurisdiction of the West Virginia Insurance Commissioner whose powers and duties are stated in Chapter 33 of the West Virginia Code and all applicable Administrative Regulations.

DEFINITIONS: Company Adjuster -- an individual representing the interests of the insurer, including independent contractors with and salaried employees of the insurer.

Public Adjuster --- an independent contractor representing solely the financial interests of the insured named in the policy.

1. FULL LEGAL NAME: _____
LAST FIRST MIDDLE

2. SOCIAL SECURITY #: _____ 3. DATE OF BIRTH: _____

4. RESIDENCE ADDRESS: _____ P.O. Box & Street, City, State, Zip TELEPHONE # _____

5. BUSINESS NAME: _____

5. BUSINESS ADDRESS: _____ P. O. Box & Street, City, State, Zip TELEPHONE # _____

6. PLACES OF RESIDENCE FOR PAST FIVE (5) YEARS:
a. _____ c. _____
b. _____ d. _____

7. FULL RECORD OF EMPLOYMENT (Use separate sheet if necessary)
Employer Name & Address From (Mo/Yr) To (Mo/Yr) Reason for Leaving

8. Are you familiar with the West Virginia Insurance Laws and Administrative Regulations and intend to abide by the requirements and restrictions therein? ☐ YES ☐ NO
9. Do you understand that any & all address changes MUST be reported to this office within thirty (30) days? ☐ YES ☐ NO
10. Do you understand that if you are licensed concurrently under separate licenses as a company adjuster and as a public adjuster that you shall not act as a company adjuster and a public adjuster with respect to the same claim? ☐ YES ☐ NO
11. Has any license applied for by you ever been refused, suspended, or revoked by the Insurance Department of this or any other State? ☐ YES ☐ NO
12. Have you ever been charged with financial irregularities, or are you indebted to any company or agency for any overdue and unpaid money? ☐ YES ☐ NO
13. Have you ever been indicted for, or convicted of, a crime? ☐ YES ☐ NO

NOTE:

Any "YES" responses to Questions 11, 12, and 13 must be explained by furnishing, IN WRITING, a signed, notarized statement, outlining IN DETAIL the complete facts of the matter. The statement must include ALL incidents and the dates, names, and nature of each offense; the name and locality of the court(s), if any, involved; the disposition of each matter; and, a CERTIFIED COPY of any legal record concerning each offense.

APPLICANT'S SIGNATURE: _____ DATE: _____

State _____ County of _____

The applicant, whose name appears signed to the writing above, after first being duly sworn by me, says that the above statements are true to the best of his/her knowledge and belief. Taken, sworn to and subscribed before me this _____ day of _____, 20____

Notary Public: _____

My Commission Expires _____ SEAL